

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>lit</i>	<i>12/90</i>	<i>2/15/01</i>
RESPONSE FORMALITY REVIEW	<i>lit</i>	<i>907</i>	<i>6-8-01</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	06/02/01
2	✓	✓	06/02/01
3	✓	✓	06/02/01
4	✓	✓	06/02/01
5	✓	✓	06/02/01
6	✓	✓	06/02/01
7	✓	✓	06/02/01
8	✓	✓	06/02/01
9	✓	✓	06/02/01
10	✓	✓	06/02/01
11	✓	✓	06/02/01
12	✓	✓	06/02/01
13	✓	✓	06/02/01
14	✓	✓	06/02/01
15	✓	✓	06/02/01
16	✓	✓	06/02/01
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25	✓	✓	06/02/01
26	✓	✓	06/02/01
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28	✓	✓	06/02/01
29	✓	✓	06/02/01
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44	✓	✓	06/02/01
45	✓	✓	06/02/01
46	✓	✓	06/02/01
47	✓	✓	06/02/01
48	✓	✓	06/02/01
49	✓	✓	06/02/01
50	✓	✓	06/02/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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